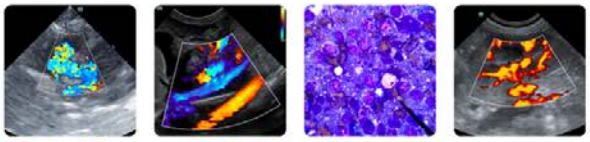




**PATIENT**

Mya Young

**SPECIES**

Canine

**BREED**

Lab Retriever

**SEX**

Spayed Female

**AGE**

9 Years 7 Months

**WEIGHT**

56.05

**INTERPRETED BY**

Beth Johnson, DVM DACVIM

**IMAGING PERFORMED BY**

Dr. Brian Barnes

**HOSPITAL NAME**

Westview Veterinary Hospital

**REFERRING VET**

Dr. Brian Barnes

**INVOICE**

72481

**DATE**

12/10/25

## PRESENTING CLINICAL SIGNS

UTI, extensive history of recurrent UTIs this year and last Anatomically dorsal vulvar fold and deep set vulva Assessment/Differential Diagnosis: - cause of recurrance: urinary incontinence, stones, pyelonephritis, TCC

Abnormal PE/Chem/CBC/UA Results: Labwork: Urine collection: Free Catch, Amber, Slightly Cloudy Specific Gravity 1.049 pH 9.0 LEU 25 Leu/uL PRO 100mg/dL BLD 250 Ery/uL WBC >50 /HPF RBC 15 /HPF Bacteria- Rods Present EPI- Non-squamout 1-2 /HPF Crystals- Struvite <1 /

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and proximal pelvic urethra are normal in thickness with a smooth mucosal surface. There are a couple clips of the more distal urethra where there is some very ill-defined, subjective possible thickening. However, it is difficult to determine whether this is urethra or adjacent tissue, and may be absolutely normal anatomic variant.

The right kidney is normal is size (9.9 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (8.6 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

### *Adrenal Glands*

Adrenal glands are small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. Left measures 0.35 cm at the cranial pole and 0.60 cm at the caudal pole. Right measures 0.62 cm at the cranial pole and 0.37 cm at the caudal pole.

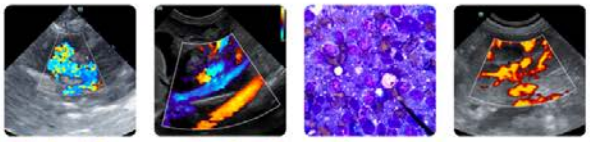
### *Spleen*

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

### *Liver*

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.





**PATIENT**

Mya Young

**SPECIES**

Canine

**BREED**

Lab Retriever

**SEX**

Spayed Female

**AGE**

9 Years 7 Months

**WEIGHT**

56.05

**INTERPRETED BY**

Beth Johnson, DVM DACVIM

**IMAGING PERFORMED BY**

Dr. Brian Barnes

**HOSPITAL NAME**

Westview Veterinary Hospital

**REFERRING VET**

Dr. Brian Barnes

**INVOICE**

72481

**DATE**

12/10/25

### *Gastrointestinal*

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.

If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

### *Pancreas*

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

### *Free Abdomen*

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

## ULTRASONOGRAPHIC FINDINGS

- Mildly flat adrenal glands – This can be a normal patient variant and/or a sign of exogenous cortisol administration. If exogenous steroids are not being administered, hypoadrenocorticism (either relative or absolute) should be considered.

- The urethra is very well visualized more distally than normal in these images. I'm not sure whether the most distally imaged part is a normal patient variant with surrounding normal anatomy given the very subtle nature of the change, or if there is some mildly thick tissue, but it is a subtle finding.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the subtly possibly thick urethra, submission of urine to look for BRAF gene mutation could be considered. Infiltrative neoplasia is considered unlikely in my opinion but can't be ruled out.

A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

Otherwise, if not already done, treating the urinary tract infection as a complicated urinary tract infection, which involves a slightly longer course of antibiotics, a follow up culture a week to 10 days

**PATIENT**

Mya Young

**SPECIES**

Canine

**BREED**

Lab Retriever

**SEX**

Spayed Female

**AGE**

9 Years 7 Months

**WEIGHT**

56.05

**INTERPRETED BY**

Beth Johnson, DVM DACVIM

**IMAGING PERFORMED BY**

Dr. Brian Barnes

**HOSPITAL NAME**

Westview Veterinary Hospital

**REFERRING VET**

Dr. Brian Barnes

**INVOICE**

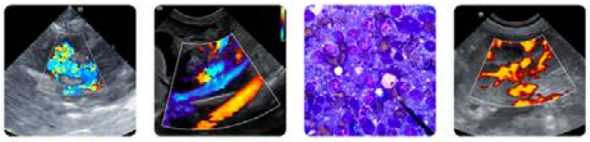
72481

**DATE**

12/10/25

after starting antibiotics to ensure no secondary organisms, no change in resistance pattern, etc., as well as a final culture a week to 10 days after finishing antibiotics to ensure that the infection has fully cleared. If after this procedure infections continue to recur and are truly recurrent versus persistent, then a full general metabolic health screen is recommended to look for evidence of underlying causes and/or ultimately further examination/evaluation of the urinary tract via cystoscopy could be considered as next steps.


SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

**PATIENT**

Mya Young

**SPECIES**

Canine

**BREED**

Lab Retriever

**SEX**

Spayed Female

**AGE**

9 Years 7 Months

**WEIGHT**

56.05

**INTERPRETED BY**

Beth Johnson, DVM DACVIM

**IMAGING PERFORMED BY**

Dr. Brian Barnes

**HOSPITAL NAME**

Westview Veterinary Hospital

**REFERRING VET**

Dr. Brian Barnes

**INVOICE**

72481

**DATE**

12/10/25

**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

**Beth Johnson**, DVM, DACVIM
info@sonopath.com